



**CANDIDATE COMMITTEE
COVER PAGE**

07 OCT 25 AM 8:59

CAPPELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8 13 2007 to 10 21 2007
Mo Day Year Mo Day Year

1. Committee I.D. Number 137979

2. Committee Name MAURICE GEROMETTE
for mayor

4. Candidate Last Name Geromette First Name Maurice M.
P.
4a. Office Sought Including District # or Community Served (If applicable)
FRASER Mayor
4b. County of Residence MACOMB

5. Committee's Mailing Address 32354 Huber
FRASER, MI. 48026
Area Code and Phone 586-610-4247

6. Treasurer's Name & Residential Address MAURICE Grooms Jr
32354 Huber
FREDER, MI 48026

Area Code & Phone (586) 610-4247

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

B. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

7. Treasurer's Business Address 32354 Huber
Fraser, M: 48026

None

Area Code and Phone (506) 610-4247

Area Code and Phone () _____

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary☒ General

Convention

☐ School

☐ **Special**☐ **Caucus**

Date of Election, Convention or Caucus

11 6 2007
Month Day Year

9c. ☒ Annual Statement (2007 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 8a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Maurice Gerome Hts Maurice Hts Date 10 24 2007
(Type or Print Name) (Signature) (Mo) (Day) (Year)

Candidate Maurois Geromette Maurois Geromette Date 10 24 2007
 Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE for Mayor

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|------------|--------------------------|---------------------------------------------|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | <u>1210⁰⁰</u> | (18.) \$ _____ |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | (19.) \$ _____ |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>—</u> | (20.) \$ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | <u>—</u> | (21.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | <u>1210⁰⁰</u> | (22.) \$ _____ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u>—</u> | (23.) \$ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | <u>—</u> | (24.) \$ _____ |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | <u>1070²⁹</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | <u>—</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | <u>150⁰⁰</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | <u>1070²⁹</u> | |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| 10. Disbursements | | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | <u>—</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | <u>—</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ | <u>—</u> | |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | <u>200⁰⁰</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | <u>—</u> | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>0</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ | <u>1210⁰⁰</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ | <u>1210⁰⁰</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ | <u>1079²⁹</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>130⁷¹</u> | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE, COO Mayor

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/13/07</u> Name: <u>Kathy and Joe Blaulie</u> Address: <u>15951 Pinewood Court, Fraser 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 200 | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/8/07</u> Name: <u>Mr. & Mrs. Bill Beech</u> Address: <u>32725 Utica Fraser 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Fraser Auto</u> Business Address <u>Utica, Fraser 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 500 | |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Don DeNault</u> Address: <u>15731 Marie, Fraser 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 100 | |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/07</u> Name: <u>Maurice Geromette</u> Address: <u>32354 Huber Fraser 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>STARS</u> Business Address <u>615 Johnson Saginaw</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 210 | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 1010 | |

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE For Mayor

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|---------------------------------------------------------------------------------|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/07</u> Name: <u>TERRY DABKO</u> Address: <u>16654 Elm. FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Schott's Market</u> Business Address <u>14 mile FRASER 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | 200 | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | | 200 | |
| | | 1210.00 | |

Enter this total on
line 3 of Summary
Page.

Page _____ of _____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137979
2. Committee Name MAURICE GEROMETTE For Mayor

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------|
| Expenditure #1 Name <u>City of Fraser</u> Address <u>33000 Garfield</u> <u>FRASER 48026</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>MEET the candidate</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/6/07</u> | <u>\$75</u> |
| Expenditure #2 Name <u>America's Finest</u> Address <u>17060 Masonic</u> <u>FRASER, 48026</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>POST CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/13/07</u> | <u>\$65</u> |
| Expenditure #3 Name <u>Sawicki and Son</u> Address <u>1521 West LA PYTE</u> <u>DETROIT, Mich 48216</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>YARD SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>9/24/07</u> | <u>559¹⁵</u> |
| Expenditure #4 Name <u>Staples</u> Address <u>31900 Gratiot</u> <u>ROSEVILLE 48066</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/12/07</u> | <u>79⁵⁶</u> |
| Expenditure #5 Name <u>C & G News paper</u> Address <u>13650 11 mile</u> <u>WARREN 48089</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>News Paper insert</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/5/07</u> | <u>92⁰⁰</u> |

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

870⁷¹

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137979
2. Committee Name Maurice Geromette for Mayor

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Expenditure #1 Name <u>City of Fraser</u> Address <u>33000 Garfield</u> <u>Fraser 48026</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Budget</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/20/07</u> | <u>\$ 30.00</u> |
| Expenditure #2 Name <u>U.S. Post Office</u> Address <u>Fraser 48026</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>9/21/07</u> | <u>\$ 52</u> |
| Expenditure #3 Name <u>Blalremov Printing</u> Address <u>31823 Utica</u> <u>Fraser 48026</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/4/07</u> | <u>67.58</u> |
| Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | |

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

149.58
1070.29

Enter this total
on line 8a of
Summary Page

